

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ARKANSAS

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Transfer of residents; Transfer of residents with closure of facility: Describe the criteria (as required at §1919(h)(2)(A)) for applying the remedy.

X Specified Remedy

(Will use the criteria and notice requirements specified in the regulation.)

 Alternative Remedy

(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

STATE <u>Arkansas</u>	A
DATE <u>JUL 03 1995</u>	
DATE <u>SEP 20 1995</u>	
DATE <u>JUL 01 1995</u>	
HCFA 179 <u>95-20</u>	

TN No. 95-20

Supersedes 90-15

TN No. 90-15

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